PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031

ander the Paperwork Reduction Act of 1995, no persons are required	to respond to a collect	tion of information unless if displa	ays a valid OMB control number	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2005		SONYJ	SONYJP 3.0-147	
(Fees pursuant to the Consolidated Appropriations Act, 2	005 (H.R. 4818).)			
Application Number 09/812,163		<u></u>	arch 19, 2001	
INFORMATION DISTRIBUTION SYSTEM, INF For LIST FORMING METHOD, INFORMATION DE METHOD	FORMATION RE ELETING METH	ECEIVING APPARATUS OD, AND INFORMATIO	S, INFORMATION ON STORING	
Art Unit 2154		Examiner	D. A. C. Perez	
This is a request under the provisions of 37 CFR 1.13 identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.00	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	<del></del>	·		
A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is at  X The Director has already been authorized to cl  X The Director is hereby authorized to charge ar Deposit Account Number 12-1095	harge fees in this		any overpayment, to	
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X attorney or agent of record. Registration Number 38,253				
attorney or agent or record. Re	egistration inum	per 38,253		
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
Lauf Hedy			7, 2005	
Signature 0		Ü	Date	
Daryl K. Neff			518-6396	
Typed or printed name		Telepho	ne Number	
NOTE: Signatures of all the inventors or assignees of record of the ethan one signature is required, see below.	entire interest or their re	epresentative(s) are required. So	ubmit multiple forms if more	
Total of forms are submit	ted.			
		•		
I hereby certify that this correspondence is being deposited wit an envelope addressed to: MS RCE, Commissioner for Paten	th the U.S. Postal Sets, P.O. Box 1450, /	ervice with sufficient postage Alexandria, VA 22313-1450,	e as First Class Mail, in , on the date shown	

below.

Dated: June 7, 2005